

MULTIPLE DEFENDANT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**10/525985**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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17						
18		1				
19		1				
20						
21		1				
22		1				
23			1			
24			1			
25			2			
26			2			
27			2			
28			2			
29			2			
30			2			
31			2			
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34			2			
35			2			
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37		1				
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49						
50						
TOTAL IND.			4			
TOTAL DEP.			30			
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						